

Application for Capital Funds ("Capital Application")

South Carolina Department of Disabilities and Special Needs

1. DATE: _____ 2. TYPE OF APPLICATION: ___ Preliminary ___ Original ___ Revised

ATTACHED DOCUMENTATION (as applicable):

Pre-Purchase Checklist for Purchase of Existing Facility (Addendum A) _____
Justification of Purchase / Construction of a Particular Facility (Addendum B) _____
Real Estate Contract Contingent on SCDDSN Approval _____
Certified Independent Appraisal for Purchase of Land and/or Facility _____
Other Photographs / Real Estate Marketing Information _____
Independent Inspection(s): (Building / Electrical / Phase 1 Environmental Study / Etc.) _____
Schematic Drawings and Specifications for Construction / Other Work to be Done _____
Zoning Letter on Jurisdiction's Letterhead (Addendum C) _____
Documentation of Estimated Cost(s), including Independent Quotes _____
For Residential Construction (Only): Work Write Up Summary (Addendum D) _____
Documentation of Correspondence To/From Regulatory Agencies re: Citations (As Applicable) _____

3. APPLICANT:

Provider: _____ Executive Director: _____
Contact Person and Title: _____
Contact Person's Email: _____
Contact Person's Telephone Number and Extension: _____
Provider Street / Post Office Box Address: _____
City / Zip Code: _____

4. PROJECT NAME AND SITE ADDRESS:

5. TYPE OF CAPITAL REQUEST: (Check as many as applicable)

___ Acquisition of Land ___ Site Development ___ Acquisition of Land and Existing Facility
___ Renovation / Repairs to Existing Facility ___ Upgrade / Installation of Mechanical Systems
___ New Construction of Facility ___ Other _____

Note: If SCDDSN has previously participated in this facility's acquisition or any subsequent upgrades, renovations or repairs, please provide a history of the facility (age, etc.), year(s) of award(s) and amount(s): _____

6. ADDITIONAL DESCRIPTION OF PROJECT (Respond also to Question 12)

Example: To purchase an existing home for a four-bed CTH-II per service development needs...

7. FACILITY TYPE / SPACE DISTRIBUTION: (Complete as Applicable)

	Heated Square Feet:	% of Entire Facility:
Residential Facility (CTH-II, SLP, etc.)	_____	_____
Adult / Child Day Program	_____	_____
Administration / Support Services	_____	_____
Other (specify: _____)	_____	_____
Total:	_____	<u>100%</u>

8. SUMMARY OF FUNDING REQUEST: *(Complete as Applicable)*

SCDDSN Grant \$ _____
 SC Housing Trust Fund Loan _____ (Not to Exceed \$75,000)
 Other Loan _____ (Type: _____)
 Other Grant _____ (Type: _____)
 Provider Participation _____ (Cash / Reserves, Etc.)
 TOTAL DEVELOPMENT COST: \$ _____ [Should Equal Total Development Cost of Next Section]

9. CAPITAL BUDGET FOR PROJECT:

	-----PROPOSED SOURCES OF FUNDS-----				
	SCDDSN	SCHTF	OTHER	PROVIDER	TOTAL
Acquire Land [# Acres ____]	_____	_____	_____	_____	_____
Acquire Existing Facility (with Land) [# Acres ____]	_____	_____	_____	_____	_____
Construct New Facility # Heated Square Feet _____ Est Cost per Heated Square Foot \$ _____ <i>Note: For Construction of a Residential Facility, Also Complete Addendum D - Work Write Up</i>	_____	_____	_____	_____	_____
Site Development (Grading / Tree Removal / Paving / Landscaping)	_____	_____	_____	_____	_____
Infrastructure (Water / Sewer / Septic)	_____	_____	_____	_____	_____
Renovation / Repair / Mechanical: _____ _____ _____ _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____
Appliances / Equipment: <i>(Exclude those paid from Start-Up Grant)</i> _____ _____ _____ _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____
Fees and Closing Costs: Architect / Engineer / Other \$ _____ Appraisal \$ _____ Inspections (Bldg/Elec) \$ _____ Termite Letter \$ _____ Attorney \$ _____ Closing Costs (Title Ins/Recording Fees/Etc) \$ _____ Other _____ \$ _____ SUBTOTAL	_____	_____	_____	_____	_____
TOTAL DEVELOPMENT COST: <i>(Should Equal Section 8 Above by Source)</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

10. ANNUAL OPERATING BUDGET FOR PROJECT:

[Non-Personnel Costs] Est Cost New Facility Current Cost (If Any) Additional Cost (Savings)

Mortgage / Lease Payment	\$ _____	\$ _____	\$ _____
Natural Gas / Electricity / Other	_____	_____	_____
Telephone / Internet Services	_____	_____	_____
Water / Sewer / Garbage / Trash	_____	_____	_____
Janitorial / Grounds / Pest	_____	_____	_____
Repairs / Painting / Other	_____	_____	_____
Insurance	_____	_____	_____
TOTALS:	\$ _____	\$ _____	\$ _____

11. LOAN PROVISIONS:

Note: If a loan from *other than the SC Housing Trust Fund* is proposed in #8 as part of the financing plan for this project, please answer the following questions, attaching any documentation or correspondence from the lender.

Proposed Lender's Name / Contact Person / Phone Number _____
Construction Loan? _____ Terms (Length/Fixed or Adjustable) _____ Rate _____
Permanent Financing? _____ Terms (Length/Fixed or Adjustable) _____ Rate _____
Amount of Principal \$ _____ Number Years Amortized (If different from Length) _____
Monthly Payment (PITI) \$ _____ (Show Annualized in Section 10)
Is Loan Considered Tax-Exempt? _____ If not, please explain _____

Is there a Balloon or Call Provision? _____ If so, please explain _____

Note: If so, also please provide **WRITTEN COMMITMENT** on behalf of the Lender to refinance at the end of set intervals at rates derived in a standard manner (such as based on prime rate).

Date Terms were offered by Lender? _____ Deadline for Acceptance of These Terms? _____
Describe Procurement of Financing Provisions (Bid? / # Institutions Approached/ Etc.) _____

12. PROJECT NARRATIVE: (Attach Separate Page if Necessary)

Why is the project needed? How will individuals benefit by its completion? If not funded, what will result? _____

Program Type(s) for Facility:	# Individuals Served	# Staff
_____	_____	_____
_____	_____	_____
_____	_____	_____
Totals	_____	_____

Describe any special space or structural needs, including the relevant licensing standards.

Will meals be served in this facility? _____ If so, describe this impact on design _____

13. **CHECKLIST FOR CONSTRUCTION OR MAJOR RENOVATION NEEDS:**

- A. Complete the application for capital funds, Questions 1-12, plus addenda.
- B. Submit application to central office (capital budget division) for preliminary approval and comments. Submit copy to district office.
- C. As needed: select an architect/engineer team ("A/E"), with the assistance of the DDSN engineering division. Include in the A/E contract their responsibility to meet appropriate codes and standards and to obtain approvals in writing from the approving authorities.
 - Standards to be met** (as appropriate for the type building):
 - 1). SCDDSN standards
 - 2). DHEC licensing standards appropriate to the planned usage
 - 3). Standard building code
 - 4). Life safety code
 - 5). DHEC food service regulations (as appropriate)
 - 6). DHEC and local water and sewer regulations
 - 7). ANSI handicap accessibility standards
 - 8). Soil conservation, erosion, and storm water control standards
 - 9). DHEC underground storage tank and other hazardous chemical abatement and removal standards (if purchase of an existing facility is planned)
 - Approvals to be obtained in writing** (as appropriate):
 - 1). DHEC licensing, if appropriate, for the facility
 - 2). DHEC water supply division, if required
 - 3). DHEC wastewater division or county health department
 - 4). DHEC food service division
 - 5). State Fire Marshal
 - 6). Letter of release for UST or hazardous chemicals (if existing facility purchased)
- D. Submit A/E contract to SCDDSN for review and approval.
- E. Have A/E develop a schematic design and submit specifications and plans to all approving bodies (INCLUDING DDSN) to obtain approvals and comments. Obtain letters of approval; retain on file.
- F. At schematic design phase, obtain A/E estimate of construction costs, adjusting scope to fit the budget. Revise Questions 7, 8, and 9 as necessary; resubmit to capital budget at central office.
- G. Have A/E develop bid documents and submit to all approving bodies to obtain approvals in writing and comments. Retain on file. Ensure that A/E includes alternatives to ensure costs within budget.
- H. Obtain bids; submit tabulation and contract to DDSN for final approval before execution of contract.
- I,J,K. Proceed with awarding the construction contract, close the loan (if applicable), and start construction.
- L. After completion of project, submit Schedule 14., Summary of Actual Final Costs.

#13 Checklist of Steps Required (As Applicable) For Construction or Major Renovation of Facilities

<u>STEPS COMPLETED</u>	DATE	SUPPORTING DOCUMENTS	AUTHORIZED SIGNATURES
A. DEVELOP PROGRAM; BEGIN; COMPLETE DDSN APPLICATION			
B. SUBMIT CAPITAL APPLICATION TO CENTRAL OFFICE (CAPITAL BUDGET) AND COPY DISTRICT OFFICE [NOTIFICATION OF DDSN APPROVAL OF PROJECT CONCEPT]			
C. SELECT ARCHITECT/ENGINEER			
D. A/E CONTRACT REVIEW & APPROVAL BY DDSN			
E. HAVE A/E DEVELOP SCHEMATIC DESIGN; SUBMIT SETS FOR APPROVALS (As applicable) DDSN - STATE FIRE MARSHAL - DHEC LICENSING / FOOD SERVICE			
F. OBTAIN A/E ESTIMATE OF COST; REVISE CAPITAL APPLICATION (As applicable)			
G. HAVE A/E DEVELOP BID DOCUMENTS, OFFERING ALTERNATES TO MEET BUDGET; OBTAIN APPROVAL OF BID DOCUMENTS: (As applicable) - STATE FIRE MARSHAL - DHEC LICENSING / FOOD SERVICE			
H. OBTAIN BIDS; SUBMIT INFO TO DDSN FOR FINAL COST AND CONTRACT APPROVAL [RECEIVE FINAL DDSN APPROVAL]			
I./J. AWARD CONTRACT; CLOSE LOAN (As applicable)			
K. START CONSTRUCTION/RENOVATION			
L. SUBMIT FINAL COST SUMMARY ("Schedule 14")			